



**Montgomery County
Department of Permitting Services**

255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240)777-0311
Fax: (240)777-6262
<http://www.montgomerycountymd.gov/permittingservices>



Application for Vendors License

A. License Information

LICENSE NO: _____ CONTACT I.D. NO: _____

☐ New License ☐ Renewal License

B. Type of License

☐ Door-to-Door Vendor ☐ Site Specific Vendor ☐ Regular Route Vendor ☐ Sidewalk Vendor / Pushcart

C. Location of Vending Site/Property: (Site specific vendors only).

House Number _____ Street _____
Town/City _____ Zip _____

D. Applicant Information

Name of Applicant _____ Daytime Phone # _____
Address _____ City _____ State _____ Zip _____
Email Address _____
Business Name _____ Day Phone # _____ Evening Phone # _____
Contact Person _____ Daytime Phone # _____

E. Vendor Applicant Only

Name of Cross Street: _____

Zone: _____

Types of Goods Being Sold: _____

Operators ID : _____

Days of the Week: _____

Hours Open From: _____ to _____

☐ CAP ☐ Signs ☐ ROW
☐ M Site ☐ Private Property

CHECK THOSE THAT APPLY BELOW

☐ One Day License
☐ Sixty Day License
☐ One Year License
☐ Agricultural Cert. Required
☐ Health Dept. Cert. Required
☐ Bond Required

Application for Vendors License

D. Affidavits

- I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the vendor license application are true and correct to the best of my knowledge, information and belief. I agree to comply with Chapter 59, and the regulations of Chapter 47 of the Montgomery County Code, as amended, to take whatever action is required by the Department to bring the vendor operation into compliance if complaints of non-compliance are received and verified.

Signature of Applicant

Date

Printed Name of Applicant

- I hereby declare and affirm, under the penalty of perjury that:
 - I have read and understand Chapter 47 of the Montgomery County Code and the Executive Regulations, and I have been provided access to a copy of these documents.
 - I understand the conditions applicable to _____ vending activity.
 - I agree to abide by all the rules and procedures set forth in these documents.

Signature of Applicant

Date

Printed Name of Applicant

- HOLD HARMLESS AFFIDAVIT FOR THE PUBLIC RIGHT OF WAY** – The contractor is responsible for any loss, personal injury, death and any other damage (including incidental and consequential) that may be done or suffered by reason of the contractor's negligence or failure to perform any contractual obligations. The contractor must indemnify and save the County harmless from any loss cost, damage and other expenses, including attorney's fees and litigation expenses, suffered or incurred due to the contractor's negligence or failure to perform any of its contractual obligations. If requested by the County, the contractor must defend the County in any action or suit brought against the County arising out of the contractor's negligence, errors, acts or omissions under this contract. The negligence of any agent, subcontractor or employee of the contractor is deemed to be the negligence of the contractor. For the purpose of this paragraph, County includes its boards, agencies, agents, officials and employees.

Signature of Applicant

Date

Witness

DATE

OFFICE USE ONLY

Approved: _____

Date

Disapproved: _____

Revoked: _____

NOTES: